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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)										
	Delaney, John, K, ,		and if and due as	اممهمام		2 Candidat	ha'a FFO Ida	m titi a a ti a m	Ni mala a u		
	(b) Address (number and street) PO Box 60320	☐ Check if address changed				Candidate's FEC Identification Number H2MD06195					
	(c) City, State, and ZIP Code					3. Is This		lew		Amended	
	Potomac		MD	20859	9	Statem	ent 🗶 (I	N) OR		A)	
4.	Party Affiliation	5. Office Sougl	nt		6. State & Dist	rict of Candid	ate				
	DEMOCRATIC PARTY	House			MD	06					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election)										
	NOTE: This designation should be filed with the appropriate office listed in the instructions.										
	(a) Name of Committee (in full)										
	Friends of John Dela	aney									
	(b) Address (number and street) PO Box 60320										
	(c) City, State, and ZIP Code										
	Potomac				MD	20859					
	DE	SIGNATIO	N OF OTH	ER AUT	HORIZED	COMMIT	TEES				
		(II	ncluding Joint	Fundraisin	g Representativ	es)					
8.	I hereby authorize the following name candidacy.	ned committee,	which is NOT	my principa	al campaign con	nmittee, to red	ceive and ex	xpend fund	ds on beha	lf of my	
	NOTE: This designation should be filed with the principal campaign committee.										
	(a) Name of Committee (in full)										
	(-,										
	(b) Address (number and street)										
(c) City State and ZID Code											
	(c) City State and ZIP Code										
	(c) City, State, and ZIP Code										
	(c) City, State, and ZIP Code										
		mined this Ctat		h o h oot of		and halist is in	4	4 and a an	an lata		
	I certify that I have exa	mined this State	ement and to t	he best of r	my knowledge a	nd belief it is	true, correc	t and com	plete.		
Sig		mined this State	ement and to t	he best of r	ny knowledge a	nd belief it is	true, correc	t and com	plete.		
	I certify that I have exa	mined this State	ement and to t					t and com	plete.		
	I certify that I have exa	mined this State	ement and to t		ny knowledge a ronically Filed]	Date		t and com	plete.		
De	I certify that I have exa			[Electi	ronically Filed]	Date 02/19/201	17				
De	I certify that I have exa gnature of Candidate elaney, John, K, ,			[Electi	ronically Filed]	Date 02/19/201	17			7g.	
De	I certify that I have exa gnature of Candidate elaney, John, K, ,			[Electi	ronically Filed]	Date 02/19/201	17			7g.	

FEC FORM 2 (REV. 02/2009)